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Air It Out – Electronic Version. Vol. 16, Issue 1, #1 January 2009 HAPPY NEW YEAR!

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DO YOU SUFFER FROM ITCHY, WATERING EYES?

* Most of us realize that sneezing, sniffing or congestion are often signs of an allergic reaction, whether it be an airborne allergy to pollens, dust, dust mites or pet dander or reactions to other allergens like mold or cockroaches. When these symptoms occur, we're usually quick to use medications to relieve those symptoms. But how many of us think that our **itchy, watering or burning eyes and blurred vision might also be an allergic reaction to these same allergens?**

* For women who use mascara, those same eye symptoms could also indicate the products have been contaminated with bacteria. Mascara users are cautioned never to share eye make-up products so as not to spread bacterial contamination and to also discard and change mascara tubes about every 3 months to prevent contamination that could lead to serious eye problems. But for the majority, mascara isn't the cause of our burning, red, blurry or watering eyes. It may be **allergic conjunctivitis** that's making us miserable.

* Some of the allergens triggering these eye symptoms are pollens from trees, plants, weeds and grass. If you only develop **symptoms** when you're **outdoors** you **may have seasonal allergic conjunctivitis** meaning your symptoms only occur when your particular pollen allergens are active.

* In Texas, some type of pollen activity occurs every month of the year. **Tree Pollens** abound January through June, **Grass Pollen** season overlaps from April to September, **Weed Pollen** season is July to November – just in time for the **Ragweed** season which lasts from August into November or our first heavy frost.

*A particularly nasty **pollen currently active in Texas** may be triggering not only your raspy voice, congestion, sneezing and other general allergy symptoms but also the burning, itchy or watery eyes typical of seasonal conjunctivitis. Ashe Juniper, also known as **Mountain Cedar trees**, disperse their pollen from **mid-December into February**, causing an **allergic condition some refer to as “cedar fever”** or mid-winter hay fever. Mountain Cedar grows on 8.6 million acres of Texas land in the middle of the state. It is the largest concentration of these pollen laden trees in the country although some Mountain Cedars are found in Oklahoma, Missouri & Northern Mexico. A very hard wood once used for fencing and telephone poles, they're such potent allergens because **each tree produces millions of exceptionally fine pollen spores that are carried by wind throughout Texas and Oklahoma**, making most people with pollen allergies miserable from mid-December into February. There is a movement to eradicate these nuisance trees since, besides making people with pollen allergy miserable, new growth trees are harmful to our environment. Each tree guzzles 32 gallons of ground water a day in winter and then dries out in the summer drought, creating a fire hazard. Aside from destroying the trees or staying indoors, there is little you can do to avoid the pollen so prevalent due to strong winds.

* The **most common indoor environmental eye allergens** are pet dander, dust mites and mold. If you have **symptoms the whole year while indoors, you may have perennial allergic conjunctivitis.**

* **Chemical irritants**, including smoke, can irritate your eyes but they don't cause an allergic reaction. They **can aggravate allergic conjunctivitis**, whether seasonal or perennial. And, like any other allergy, the first step to prevent or stop the symptoms of allergic eyes is to avoid your allergens but sometimes this is easier said than done unless you live in a bubble. If avoidance is impossible then the next step is to talk to your healthcare provider about **medications that can improve your symptoms**. There are **different types of medications** and each has its limitations and success.

* **OTC medications** include drops and oral medications that bring temporary, short-term relief of some symptoms.

Artificial tears are soothing and can even be refrigerated to provide an extra cooling effect; these drops **can be used as often as you wish**. OTC decongestant and antihistamine eye drops provide some relief but are weak and have to be used often and shouldn't be used for more than 3 days; longer use can cause increased swelling and redness. Decongestant drops which have a vasoconstrictor shouldn't be used by anyone with glaucoma. Oral antihistamines may provide some relief but there's danger the eyes can dry out plus they have side effects including drowsiness, excitability or dizziness.

* There are many **prescription drugs** that offer some degree of relief, including antihistamine drops. These drops are effective by quickly reducing the itchiness and redness but, again, their benefits may only last a few hours. Another type of prescription drop is a **mast cell stabilizer** which should be taken before symptoms occur. They block the formation of histamines, preventing symptoms. Some drugs combine both antihistamines and mast cell stabilizers and these are fairly effective. Other prescription meds include **nonsteroidal anti-inflammatory drops (NSAIDS)** and **corticosteroid eye drops** which are used to treat chronic allergic conjunctivitis. The latter drugs are effective but can't be used for a long period of time as they can cause other problems including glaucoma, cataracts and secondary eye infections. Non-sedating oral antihistamines are also used effectively by some, but again, the same restrictions apply because long term use can cause dry eyes and worsen symptoms. If you suffer from allergic conjunctivitis, see your healthcare provider for a proper diagnosis and treatment plan. For more information, contact AAFA-TX at info@aafatexas.org

Upcoming AAFA-TX programs: 1) Jan. 29 “Tools To Manage Your Asthma & Allergies” Wellness program, Zale Corp., Irving, William Neaville, MD, instructor 2) General information, eligibility and application for the 2008-2009 academic year “**AAFA-TX Kareem Bacchus Memorial Scholarships**” is available online at www.aafatexas.org Deadlines for application is March 31, 2009. Successful candidates will be notified by June, 2009. For more information, send your inquiries to info@aafatexas.org

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